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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted OR  Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		5196-01 FSP
First Named Inventor		Gail M. Cunningham
COMPLETE IF KNOWN		
Application Number	/	
Filing Date	Herewith	
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**Fluid-Borne Noise Suppression in an Automotive Power Steering System**

(Title of the Invention)

 is attached hereto

OR

 was filed on (MM/DD/YYYY)  as United States Application Number or PCT InternationalApplication Number  and was amended on (MM/DD/YYYY)  (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/200,122	04/27/2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

[Page 1 of 2]

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to <input type="checkbox"/> Computer Number or Bar Code Label		23393	<input type="checkbox"/> or <input type="checkbox"/> Correspondence address page
Name	Rothberg, Erhington, Barnes, Kisselle, Leaman & McCulloch, PC		
Address	PO Box 4390		
Address			
City Troy	State Michigan	ZIP 48089-4390	
Country US	Telephone (248) 629-3500	Fax (248) 629-4071	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that such false statements and this will be made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1501 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR		<input type="checkbox"/> A person has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Gail M.</u>		Family Name or Surname <u>Cunningham</u>	
Inventor's Signature <u>Gail M Cunningham</u>		Date <u>4/23/01</u>	
Residence: City Oxford	State MI	Country US	Citizenship US
Mailing Address 1149 Brookside Court			
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City Oxford	State MI	ZIP 48371	Country US
NAME OF SECOND INVENTOR		<input type="checkbox"/> A person has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors are being named on the <u>Supplementary Addendum (if inventors are added) PTO/SB/07A (08-03)</u>			

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PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT

Application Number	
Filing Date	Herewith
First Named Inventor	Gail M. Cunningham
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

 Practitioners at Customer Number

23389

Place Customer  
Number Bar Code  
Label here

OR

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Name	Registration Number
Robert C. Collins	27,430
William J. Waugaman	20,304
Robert M. Leonardi	27,815
Phillip A. Rotman II	38,280

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert C. Collins				
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I am the

 Applicant. Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(D) is enclosed (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Name Gail M. CunninghamSignature Gail M. CunninghamDate 4/20/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*

 Total of \_\_\_\_\_ forms are submitted.

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